



**OFFICE OF SHERIFF**  
**ST. CROIX COUNTY, WISCONSIN**  
1101 Carmichael Road Hudson, WI 54016  
[www.sccwi.gov](http://www.sccwi.gov)

Sheriff's Office  
715-381-4320  
Fax 715-386-4606

Jail  
715-386-4752  
Fax 715-381-4402

*Scott L. Knudson*  
*Sheriff*  
*Cathy R. Borgschatz*  
*Chief Deputy*

**WORK /CHILD CARE / EMP RELEASE APPLICATION**

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

**In the space provided, give a short explanation as to why you should be eligible for this program:**

\_\_\_\_\_  
\_\_\_\_\_

**Employment Information:**

Are you self-employed (proof required) Y N Federal Tax # \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct Supervisor's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Hourly wage or salary \_\_\_\_\_

Pay Period: \_\_\_\_\_ Weekly work hours (days/time) \_\_\_\_\_

When do you get paid: \_\_\_\_\_ Weekly/Bi-Weekly? \_\_\_\_\_ Check or Direct Deposit?

Does your supervisor work on site with you? \_\_\_\_\_ Does your job location vary? Y N

Explain: \_\_\_\_\_

Does your job take you out of the county? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have transportation? \_\_\_\_\_ Explain: \_\_\_\_\_

**Employment Agreement: Supervisor must read and sign**

If employment is terminated, we agree to notify the St. Croix County Jail Huber Office as soon as possible. We further agree to notify the St. Croix County Huber Office if the employee is late, does not arrive, depart at a time that different from the schedule or are required to work overtime. Upon request, we will forward copies of any time cards, or payroll records to the St. Croix County Huber office; should further work attendance history be required. We also agree to forward a bi-weekly schedule of employment hours not later than Saturday for the following workweeks. We understand that the inmate is not permitted to be out of the St. Croix County Jail more than 12 hours including travel time to and from work. Further we agree to forward all earnings for individuals to the St. Croix County Huber Office as required by law. Wage assessments for child support are permitted to come out of the individuals pay check. Inmate serving less than 14 days must pre-pay all Huber Law board prior to work release.

**Supervisor's Signature:** \_\_\_\_\_

**Criminal Information:**

What are you current charges? \_\_\_\_\_

What is the length of your sentence? \_\_\_\_\_

Do you have any charges pending? Y N List charges & jurisdiction: \_\_\_\_\_

Are you currently on probation/parole? Y N Agent's name and phone# \_\_\_\_\_

If yes, what charges are you on probation/parole for? \_\_\_\_\_

Have you ever been convicted of a domestic abuse charge? Y N If yes, when? \_\_\_\_\_

Who was the victim? \_\_\_\_\_ Have you been charged with a crime against a person? Y N

If yes, explain: \_\_\_\_\_

Do you have, or have you ever had any restraining orders/injunctions against you? Y N

If yes, explain: \_\_\_\_\_

Alcohol related offence: Y N IID installed date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Are you ordered to pay child Support? Y N When are Payments Due? \_\_\_\_\_ How Much? \_\_\_\_\_

List all previous criminal charges: (Use back of sheet if necessary)

Charge	Date	Jurisdiction	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Do you have any open cases in St. Croix, or any other Counties?**

Y N

**If not St. Croix County where?**

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Failure to notify the Huber office of any open cases could result in being taken out of the Huber program. If there are open cases we will discuss where you are at with them and make a determination of the next steps you are to take.

**Child/Family Care** Are you eligible for child care? Y N

Name of Person(s) Living with you (Use back of sheet if needed)

NAME	DOB	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Address where child/family care will take place:

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Time needed for travel: \_\_\_\_\_

Hours of the day you will be at this location: \_\_\_\_\_ to \_\_\_\_\_

Name of individual currently taken care of child (ren): \_\_\_\_\_

Contact information for that person: \_\_\_\_\_

Place of work for that individual: \_\_\_\_\_

Is anyone living in the residence on probation or parole? Y N

If so, list their names \_\_\_\_\_

List any weapons kept in the home: \_\_\_\_\_

Do you have special circumstances? Y N

Explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any disabilities or special medical needs? Y   N

Explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ Doctor: \_\_\_\_\_

Name of medications: \_\_\_\_\_

Do you have regularly scheduled appointments besides work (treatment/counseling)? Y   N

Explain: \_\_\_\_\_  
\_\_\_\_\_

I agree that the above information is true and accurate. Any information that I provide that misleads the monitoring officer will result in me being disqualified from the program and will result in disciplinary actions against me.

I also understand that completion of this application DOES NOT guarantee that I will be accepted into the Huber/Work Release Program.

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Title: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Officer: \_\_\_\_\_